

## INTRODUCTION TO PATIENT/FAMILY/CARE GIVER EDUCATION

Throughout this Manual, the education provided by the hospital, clinic or community programs to the Patient/Family /or CareGiver is referred to as PFCE.

This Manual is intended to assist all IHS/Tribal and Urban Health Programs in the development of a Policy and Procedure Manual for community and hospital based Patient and Family Education that is specific to your facility.

Patient/Family/Care Giver Education should be developed at all sites - regardless of size, budget or staff. All Sites, including and especially those with total Contract Health Services (CHS) or Ambulatory Care, should assess the clinic/hospital/community based PFCE services provided by IHS/Tribal and Urban Health Providers, Private Contract Providers and Referral Facilities. This assessment should begin the process to develop PFCE policies and procedures that govern and reflect the coordination of all health providers and the provision of community; hospital and clinic based educational services to Native American/Alaskan Natives.

This Process Manual is divided into eight categories:

1. Commitment
2. Assessment
3. Planning
4. Implementation
5. Evaluation
6. Documentation/Coding
7. ORYX Indicators
8. Supplemental Section

### **Commitment:**

1. Commitment from Tribal and Facility Leadership is established to prioritize the development of a Patient/Family/Care Giver Education Policy and Procedure Manual within the facility and community.
2. The IHS and/or Tribal Hospital and/or Clinic obtain support, concurrence and commitment for the patient education project through a Resolution from the Tribal Leadership.
3. PFCE Coordinators/Managers is appointed from the present staff. The Coordinators/Managers shall make a commitment to planning, developing, implementing and evaluating PFCE.
4. A committed Task Force/Team is convened to manage the development of a Patient/Family/Care Giver Education Policy and Procedure Manual.
5. A Plan of Action is developed and implemented by the Task Force/Team. This Plan of Action includes:
  - a. The mission statement concerning patient/family/care giver education.
  - b. Philosophy of the Facility and/or Program
  - c. Patient Education Goals and Objectives of the Facility and/or Program
  - d. Provision for the establishment of a patient/family/care giver education library or resource area.
  - e. Objectives that assure that hospital, clinic and/or community based education are statistically valid through standardized teaching, documentation, coding, and evaluation.

**INTRODUCTION TO PATIENT/FAMILY/CARE GIVER EDUCATION****Assessment:**

1. Assessment of current activities concerning what the Facility or Program staff is currently doing in the hospital, clinic or community in the area of patient/family/care giver education. Deficiencies will automatically show in review. This assessment will include:
  - a. Looking at the clinic/hospital flow and its relationship to PFCE;
  - a. Looking at the overall staff responsibility for providing PFCE;
  - b. Looking at each individual department's responsibility for providing PFCE services;  
For example: How current services are delivered, where, and by whom;  
Resources available or needed;  
Assessing how patient and family education is documented, coded and evaluated;
  - d. Determining the most common diagnosis;
  - e. Studying patient flow patterns;
  - f. Studying communication, collaboration, and coordination between all health disciplines both within the facility and in the community.
2. Patient's and client's satisfaction is surveyed to learn what their expectations are concerning patient education within the facility and community.
3. The Task Force/Team, in collaboration with supervisors, assesses staff's In-service Education needs for increasing staff patient education skills.

**Planning:**

1. Policy and Procedure Manuals are developed.
  - a. Provisions include the development of a method to address:
    - "No Shows" "DNKA" missed appointments, etc.;
    - Scheduling and the re-scheduling of patient education appointments/sessions when providers are absent or on leave;
    - Analyses of methods by which health providers will provide appropriate patient education within time constraints.
    - Integration and aggregation of patient and family education data throughout the facility including community based programs.
2. Position Descriptions and Yearly Performance Appraisals are reviewed and/or revised to incorporate and reflect patient education criteria and standards.

**Implementation:**

1. Patient Education "lesson or teaching plans" are developed by the various disciplines/departments at your facility and in conjunction with community/tribal based health programs. Lesson or teaching plans will be included in your individual departmental Manuals that address all areas of patient and family education such as readiness to learn, literacy, educational levels, belief's, customs, values, etc.
2. All lesson or teaching plans should be developed based upon the protocol recommendations contained in the Indian Health Service Patient Education Protocols. (See the Indian Health Service's *Patient Education Protocols*.)
3. Lesson plans should follow a standardized format that has been accepted and established by the facility.
4. Lesson or teaching plans should adhere to the standardized coding recommended by the Indian Health Service. (See the Indian Health Service's *Patient Education Protocols*)

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5. Documentation of PFCE services requires policies and procedures in place that govern documentation of the use of patient education protocols and coding.

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### Evaluation:

1. Performance Improvement: Each department and health discipline develops protocols, policies and procedures for the provision of PFCE services relevant to their discipline/department.

PFCE policies and procedures are reviewed annually by the Task Force Team. Deficiencies will be corrected through Performance Improvement, by the clinical and/or medical staff and/or appropriate supervisory personnel.

- 1a. Provisions for evaluation and audits of PFCE processes and outcomes
  - 2b. Provisions for updating and evaluating the Manual on an annual basis.
2. Performance improvement includes statistical accountability for patient and family education through an integrated and aggregate report such as the ORYX Indicators contained in Step 7.
  3. Accreditation is facilitated through the development of a Patient and Family Education Policy and Procedure Manual. Development and implementation of a Patient Education Policy and Procedure Manual will assist your facility in meeting the various accreditation requirements to become and/or retain:
    - JCAHO, AAAHC and other accrediting and Regulatory Agencies,
    - Sites that desire to bill for Medicaid, Medicare, private insurance and other alternate resources may be required to document PFCE.
  4. The Task Force/Team's completion of the PFCE Policy and Procedure Manual will end their role and the Task Force/Team may be disbanded. Responsibility may then be turned over to the appropriate Hospital/Clinic Committee or to the PI or to whichever management unit is most appropriate for the facility. It is their responsibility to ensure that the Manual is reviewed on an annual basis.

### Documentation and Coding of Patient and Family Education

Health, patient and family education is an integral, multidisciplinary component of patient care. All Indian Health Service, Tribal, Urban and community programs are encouraged to use standardized documentation and coding of the health, patient and family education provided.

1. In order to standardize health, patient and family education within the facility, and, in fact, throughout the Indian Health Service, documentation should reflect the 5-7 standardized protocols contained in the Indian Health Service's *Patient Education Protocols* to assure that education is standardized through out the facility and community.
2. The 5-7 standardized protocols for each disease/condition should be used to develop lesson and teaching plans.
3. The education provided should be documented using the standardized codes from the Indian Health Service's *Patient Education Protocols*. These Protocols are incorporated into the Indian Health Service's RPMS/PCC system.
4. Documentation may be "generic or general" or specific (specific means specific as written in the Indian Health Service's *Patient Education Protocols*.) However, whether generic or specific documentation should adhere to 4 basic requirements:
  1. The disease state, condition or system being addressed must be listed;
  2. The specific education topic taught must be listed;
  3. The level of patient/family understanding of the material taught must be documented;

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4. The initials of the provider who did the teaching/education must be written to authenticate the education provided.

#### **ORYX Indicators**

While not all sites are JCAHO accredited, following JCAHO requirements for patient and family education will assure that the accreditation standards for most accrediting and regulatory agencies are met - including AAAHC. All hospital and ambulatory clinics that are JCAHO accredited must use an JCAHO-approved performance measurement system to provide data about patient outcomes and other indicators of patient care. The Indian Health Service developed the Phoenix Project, ORYX, to meet this JCAHO requirement.

Measuring performance In-Patient and Family education can be completed using established ORYX Indicators to statistically "count" how much patient and family education is occurring in the facility and in the community.

Five specific ORYX Patient and Family Education Indicators have been selected to evaluate the patient and family education provided in Indian Health Service, Tribal and community programs.

#### **Supplemental Section:**

Pertinent information is included in the Supplemental Section of the Manual.

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**PATIENT EDUCATION**  
**SAMPLE OBJECTIVE STATEMENT**

**Assess, develop, and implement a Patient/Family/Care Giver Education Policy and Process Manual for Health Providers that addresses all phases of hospital and community based Patient/Family/Care Giver Education.**

**I. Purpose of Objective:**

"To establish a uniform method for all health providers, both clinical and non-clinical, in the provision of hospital and community based patient and family education."

**II. Background Information:**

All IHS and Tribal Clinic/Hospital sites are committed to providing quality health care. The provision of quality health care is dependent not only upon the competent performance by all health care personnel but also includes quality patient education services. The organization should strive to improve client services through the provision and monitoring of patient education services and activities to clients. The development of comprehensive patient education services and activities for clients should reflect a multi-disciplinary, culturally relevant approach that is specific to each site.

**III. Needs Assessment:**

Each facility should develop and conduct a Needs Assessments specific to their facility.

**IV. Activities:**

1. All sites, including total CHS sites, are encouraged to develop a Policy and Procedure Manual for community and hospital based Patient and Family Education for use at their Clinic/Hospital.
2. The "*Process For Developing A PFCE Policy And Procedure*" Manual is only a suggested tool that encompasses all phases of patient education and requires participation by all staff in the development of a comprehensive PFCE Policy and Procedure Manual.
3. In addition to the Indian Health Service *Patient Education Protocols* and the ORYX Indicators, the PFCE guidelines are divided into five categories:
  - A. Commitment
  - B. Assessment
  - C. Planning
  - D. Implementation
  - E. Evaluation

The Process Manual is applied at three levels:

- A. Administrative Level: Commitment, policies, procedures, management, etc.
- B. Program Level: Individual health disciplines and their programs
- C. Patient/Client Level: Meet the education needs of American Indians and Alaskan Natives.

**V. Time Frame:**

Determined by facility and/or program.

**VI. Evaluation:**

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- A. Site-specific PFCE Policy and Procedure Manuals will be developed at the Hospital/Clinic and in the community.

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- B. Site-specific PFCE Policy and Procedure Manuals will reflect a multi-disciplinary approach to patient education that is hospital/clinic and community-based.
- C. Pre-Evaluation and Post-Evaluation Indicators that are hospital and community-based will be selected and monitored to determine the effectiveness of patient and family education.
- D. The site-specific PFCE Policy and Procedure Manual will reflect the incorporation of JCAHO Patient and Family Education Standards, ORYX Indicators, and the Indian Health Service's *Patient Education Protocols*.